

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10 / 5977 98

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11			1			
12				1		
13					1	
14						1
15						
16						
17						
18						
19						
20						
21			1	1		
22					1	
23						1
24						
25						
26						
27						
28						
29						
30				1		
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33						
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45						
46						
47						
48						
49						
50						

TOTAL IND.



TOTAL DEP.



TOTAL CLAIMS



20

TOTAL IND.



TOTAL DEP.



TOTAL CLAIMS

